

Lakeland School District

Uncompensated Leave Request Form

Name: _____ Date: _____

Building: _____ Position: _____

I am requesting uncompensated leave on the following date(s):

Define the situation for request of uncompensated leave:

Board Policy #339 governs uncompensated leave requests.

- Uncompensated leaves shall be granted in accordance with provisions of any collective bargaining agreement or compensation plan.
- Requests for uncompensated leave shall be made to the Superintendent as outlined in Board Policy.
- Special consideration will be given to emergencies.
- All applications are subject to final approval by the Board.
- **Employees are required to reimburse the District for the *per diem* insurance premium costs, for each day of uncompensated leave. Current *per diem* rates are:**
 - Single \$26.29 *per diem*
 - H/W = \$66.38 *per diem*
 - P/C = \$53.32 *per diem*
 - P/C' ren = \$56.91 *per diem*
 - Family = \$69.96 *per diem*

Your uncompensated leave request has been reviewed and determined as:

Approved

Not Approved

Superintendent Signature

Date

Date of School Board Approval